South Carolina Department of Health and Human Services	**Medical Assistance Only (MAO) Institutional Budget Sheet for COLA Rebudget**
Applicant/Beneficiary Name: (First, Middle, Last)	☒ **Rebudget**

Please Complete All Appropriate Sections

I. Countable Income Computation

Monthly Amount

1. RSDI/RR Retirement   (Add in Medicare Premium)   _____

2. Veteran's Benefits   (Excluded Aid and Attendance)   _____

3. Other Pension/Retirement Income _____   _____

4. All Other Income _____   _____

5. Total Gross Monthly Income   _____

   If Line 5 is greater than gross income limitation of $_____, case is possible Income Trust

II. Income Allocation for Dependent(s) at Home

1. Computation of monthly income to be allocated to a dependent spouse	2. Computation of monthly income to be allocated to dependent child
A. Spouse's Need Allowance (A) _____ (Maximum $2,981.00)	A. Dependent Child's Need Allowance (A) _____ B. Dependent Child's Gross Income
B. Spouse's Total Unearned and Gross Earned Income (B) – _____ C. Spouse's Allocation (A – B = C) (C) _____ Enter This Amount in Part III, Line 2b	(B) – _____ C. (A – B = C) (C) _____ D. Dependent Child's allocation (C divided by 3 = D) If income exceeds need, enter zero. Enter this amount in Part III, Line 2b ÷ 3 (D) _____

III. Monthly Recurring Income Computation

1. Enter total gross monthly income, Part I, Line 5   (1) _____

2. Subtract:

   a. Personal or Maintenance Needs Allowance   (a) _____

   b. Spousal Allocation (From Part II)   (b) _____

   c. Health Insurance Premium(s)   (c) _____

   d. Other Exclusions _____   (d) _____

                                Total Exclusions   (2) – _____

3. Monthly Recurring Income (Enter this amount in Part III of the DHHS Form MSC004. If a Negative amount, enter $0.00 on the DHHS Form MSC004)   (3) _____

Eligibility Worker's Signature and Title:	**Decision Date:**